

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S33326 (7)
1. Corporation Name
MS. BETH, INC.

Principal Place of Business
2801 ESTERO BLVD., STE. J.
FT. MYERS BEACH FL 33901

Mailing Address
~~2801 ESTERO BLVD., STE. J.~~
~~FT. MYERS BEACH FL 33901~~
9240 OLD HICKORY CIR
FT. MYERS, FL 33912



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 02/21/1991
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0244633
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NORMAN J. LANGLOIS
~~2801 ESTERO BLVD., STE. J.~~
FT. MYERS FL 33901

9240 OLD HICKORY CIR.
33912

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVS	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGLOIS, BETH A	1.2 NAME	
STREET ADDRESS	8200 SUMMITTOWN BL., #104	1.3 STREET ADDRESS	16430 HILLCREST CIR #304
CITY-ST-ZIP	FT. MYERS FL	1.4 CITY-ST-ZIP	33908
TITLE	DPT	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGLOIS, NORMAN J	2.2 NAME	
STREET ADDRESS	14000 HICKORY LINK CT, 1022	2.3 STREET ADDRESS	9240 OLD HICKORY CIR
CITY-ST-ZIP	FT. MYERS BEACH FL	2.4 CITY-ST-ZIP	FT. MYERS, FL 33912
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGLOIS, MARTHA L	3.2 NAME	
STREET ADDRESS	14000 HICKORY LINK CT, 1022	3.3 STREET ADDRESS	9240 OLD HICKORY CIR
CITY-ST-ZIP	FT. MYERS BEACH FL	3.4 CITY-ST-ZIP	FT. MYERS, FL 33912
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

X 2598 941-543-8655

CR2E034 (1097)